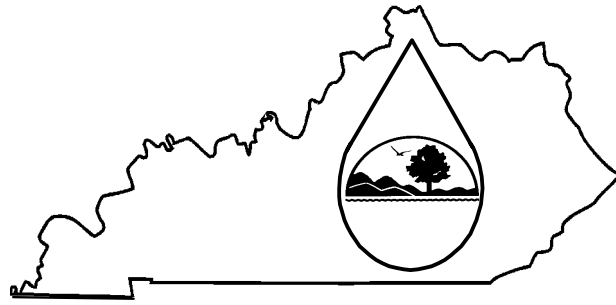


KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

Surface Water Permits Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of Business, Municipality, Company, Etc. Requesting Permit CAM Mining, LLC									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: CAM Mining Marrowbone Portal					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mike Hansel				
Facility Location Address (i.e. street, road, etc., not P.O. Box): No. 30 Henry Clay Hill					Mailing Address: 265 Hambley Blvd.				
Facility Location City, State, Zip Code: Elkhorn City, KY 41522					Mailing City, State, Zip Code: Pikeville, KY 41502				
D. Owner's name (if not the same as in part A and C): CAM Mining, LLC					Facility Contact Telephone Number: (606) 754-4961				
Owner's Mailing Address: 265 Hambley Blvd., P.O. Box 1169 Pikeville, KY 41501					Owner's Telephone Number (if different): (606) 444-7300				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This is a deep mine facility that produces coal for resale. KPDES general permit coverage was previously granted for discharges related to sediment control. The proposed addition of a bathhouse facilitates the need for IP coverage for discharge 005 from the bathhouse.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1220 – Underground Coal Mining		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Pike	City where facility is located (if applicable):
C. Body of water receiving discharge: Point 005 will discharge into Pond 003 which discharges into Marrowbone Creek.	
D. Facility Site Latitude (degrees, minutes, seconds): 37°20'40"	Facility Site Longitude (degrees, minutes, seconds): 82°32'51"
E. Method used to obtain latitude & longitude (see instructions): GPS	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Jack Holbrook

Telephone Number:

606 754-4931

Operator Mailing Address (Street):

265 Hambley Blvd.

Operator Mailing Address (City, State, Zip Code):

Pikeville, KY 41501

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☒

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KYG046072

Issue Date of Current Permit:

10/29/2004

Expiration Date of Current Permit:

08/01/2014

Other DOW Operational Permit #:

Kentucky DMR Permit Number(s):

898-4239

Sludge Disposal Permit Number:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Mike Hansel

DMR Official Telephone Number:

(606) 444-7300

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Mike Hansel

DMR Mailing Address:

265 Hambley Blvd.

DMR Mailing City, State, Zip Code:

Pikeville, KY 41501

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category: <i>Small Non Public Treatment Works</i>	Filing Fee Enclosed: <i>\$660 *</i>
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Ronald G. Hull – GM Engineering & Planning	PHONE NUMBER: 606-444-7300
SIGNATURE <i>Ronald G. Hull</i>	EMAIL: <i>RHull@rhinoenergyllc.com</i> DATE: February 19, 2010

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**